

PROBATION DEPARTMENT CHANGE OF ADDRESS FORM



Date: ____/____/____

Case # _____

P0# _____

Name: _____

☐ Defendant ☐ Victim ☐ Parent ☐ Responsible Party (check one)

OLD ADDRESS

Street Number and Name: _____	City: _____	State: _____	Zip: _____	Phone: (____) _____
----------------------------------	----------------	-----------------	---------------	------------------------

NEW ADDRESS

Street Number and Name: _____	City: _____	State: _____	Zip: _____	Phone: (____) _____
----------------------------------	----------------	-----------------	---------------	------------------------

Send your completed Change of Address Form by U.S. Mail or Fax to:

**Probation Department – Collection Unit –Address Change
County of San Luis Obispo
County Government Center
San Luis Obispo, CA 93408**

Fax: (805) 781-1231

IMPORTANT

Change of Address Forms should be submitted prior to any move or changes